

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO: 122476		FOR COURT USE ONLY
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ATTORNEY FOR (Name): Plaintiffs Royce International Broadcasting Corporation, et		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Alameda		
STREET ADDRESS: 1225 Fallon Street		
MAILING ADDRESS: Same		
CITY AND ZIP CODE: Oakland, CA 94612		
BRANCH NAME:		
Plaintiff/Petitioner: Royce International Broadcasting Corporation, et		
Defendant/Respondent: Dariush Adli, Adli Law Group PC		
NOTICE AND ACKNOWLEDGMENT OF RECEIPT—CIVIL		CASE NUMBER: 22CV012123

TO (insert name of party being served): Dariush Adli

NOTICE

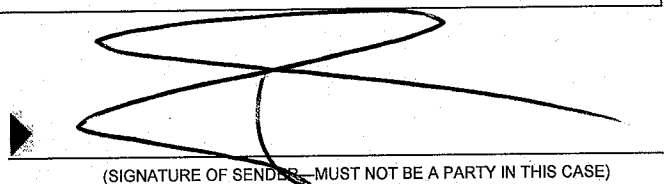
The summons and other documents identified below are being served pursuant to section 415.30 of the California Code of Civil Procedure. Your failure to complete this form and return it within 20 days from the date of mailing shown below may subject you (or the party on whose behalf you are being served) to liability for the payment of any expenses incurred in serving a summons on you in any other manner permitted by law.

If you are being served on behalf of a corporation, an unincorporated association (including a partnership), or other entity, this form must be signed by you in the name of such entity or by a person authorized to receive service of process on behalf of such entity. In all other cases, this form must be signed by you personally or by a person authorized by you to acknowledge receipt of summons. If you return this form to the sender, service of a summons is deemed complete on the day you sign the acknowledgment of receipt below.

Date of mailing: August 16, 2022

Donald Charles Schwartz, JD, MBA

(TYPE OR PRINT NAME)


(SIGNATURE OF SENDER—MUST NOT BE A PARTY IN THIS CASE)

ACKNOWLEDGMENT OF RECEIPT

This acknowledges receipt of *(to be completed by sender before mailing)*:

1. ☒ A copy of the summons and of the complaint.
2. ☒ Other (specify):

Notice of Case Assignment

(To be completed by recipient):

Date this form is signed: _____

(TYPE OR PRINT YOUR NAME AND NAME OF ENTITY, IF ANY,
ON WHOSE BEHALF THIS FORM IS SIGNED)

 _____
(SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT, WITH TITLE IF
ACKNOWLEDGMENT IS MADE ON BEHALF OF ANOTHER PERSON OR ENTITY)